U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Under the Paperwork Reduction Act of 1  MULTIPLE DEPENDENT CLAIM  FEE CALCULATION SHEET  Substitute for Form PTO-1360  (For use with Form PTO/SB/06)					Application Number 10/587,707			Filing Dat			☐ To be Mailed			
					Applicant(s) HON, LIK					Page 1 of 2				
							* May be	used for addi	tional claims	or amendm	ents			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1	x						51	х						
2	x						52	X						
3	x						53 54	х					-	
5	x						55	X X			<b>├</b>		-	
6	x						56	x			<u> </u>			
7	x						57	x						
8	x						58	x					$\overline{}$	
9	x						59	х						
10	x						60	х						
11	x						61	х						
12	x						62	х					⊢—	
13 14	x	-					63 64	x			-		-	
15	x x						65	x x					-	
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19	x						69	х						
20	x						70	х						
21	x						71	х						
22	x						72	х						
23 24	x						73 74	х						
25	x x						75	x x						
26	x						76	X						
27	x						77	x						
28	x						78	х					1	
29	x						79	х						
30	x						80	х						
31	x						81	х						
32	x						82	X						
33 34	x						83 84	х			-			
35	x x				_		85	x x			-			
36	x	<b> </b>	<b>!</b>	<b>-</b>	<b>+</b>	<b>+</b>	86	X X	<b>+</b>	<b>-</b>	<del>                                     </del>		+	
37	x						87	x					$\overline{}$	
38	x						88	x						
39	x						89	х						
40	x						90	х						
41	x						91	х						
42 43	x			<b>-</b>		-	92 93	x		<b>—</b>			—	
43	x x	<b>-</b>	<b>-</b>	<del>                                     </del>	-	-	93	X X		<b>-</b>	-		+	
45	x						95	X X			<del>                                     </del>		$\vdash$	
46	x	_	_	_			96	x		_	<del>                                     </del>		_	
47	x						97	x			1		-	
48	x						98	x			T			
49	x						99	X						
50	х						100	х						
Total	1						Total							
Indep		43					Indep Total							
Total Depend		43					Depend							
Total		14					Total							
Claims							Claims							

Claims | Claims | This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering. se process par approximents. connectmently is governed by 50 U.S.C. 122 and 37 CPR [1.14. This collection is estimated to take 12 minutes to complete, including guidering, preparing, and solutioning the complete dapplication from the UNFPO. Time will yave depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for roducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1459, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.

PTO/SB/07 (07-06) Approved for use through 1/31/2007. OMB 0651-0032

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MULTIPLE DEPENDENT CLAIM | Application Number | Filing Date

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/587,707				Filing Date					
									09 March, 2007					
					Applicant(s) HON, LIK				•		Page 2	2 of 2		
							* May be u	sed for addi	tional claims	or amendme	ents			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*				*	,	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
101	x						151		<u> </u>		<u> </u>	<u> </u>		
102	1						152	-						
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108		1					158				-		_	
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111		1					161							
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113		1					163							
114		1					164							
115 116		1					165 166				-			
117		1					167						_	
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119		1					169						<del>                                     </del>	
120		1					170							
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127		1					177						<del>                                     </del>	
128		1					178							
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131 132		1			-		181		_					
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141		1					191		-				+	
143		1					193				<del>                                     </del>		+	
144		1					194						<del>                                     </del>	
145		1					195						1	
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149	ļ	L				-	199		_		1			
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Total Indep	1	43					Total Indep							
Total Depend		43					Total Depend							
Total		14				L	Total						1	

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Claims